Indiana State Department of Health

Indiana Childhood Lead Poisoning Prevention Program (ICLPPP)

LEAD SCREENING REQUIREMENTS and MEDICAL MANAGEMENT RECOMMENDATIONS For children ages 6 to 84 months

RISK FACTORS ASSESSMENT QUESTIONNAIRE

*- - - ask at **each** well child visit - - -*

Is your child living in or regularly visiting, or has your child lived in or regularly visited, a house or child care center built before 1978?

1. Does your child have a sibling or playmate who has or has had lead poisoning?
2. Does your child frequently come in contact with an adult who works in an industry or has a hobby that uses lead (battery factory, steel smelter, stained glass)?
3. Is your child a recent immigrant or a member of a minority group?
4. Does anyone in your family use ethnic or folk remedies or cosmetics?

If the answer is YES or UNKNOWN to any of the questions, a blood lead test is necessary!

HOOSIER HEALTHWISE

Test all children at 1 and 2 years of age, and children 3 to 6 years of age if never tested *regardless of their risk factors*!

IT IS A FEDERAL REQUIREMENT

Blood Lead Levels (BLL)	Recommended Medical and Case Management Actions							
	Confirmatory Blood Lead Test	Hospitalization	Chelation Therapy (A)	Blood Lead Level Retest	Referrals (B)	History and Physical (C)	Lead Poisoning Education (D)	Reducing Exposure and Absorption (E)
< 10 µg/dL	no	no	no	within 1 year if BLL ≥ 5 µg/dL	no	no	YES	YES
10-14 µg/dL 15-19 µg/dL	within 1 day to 2 months, venous or capillary	no	no	see ***Retest Chart*** below	YES	YES	YES	YES
20-24 µg/dL 25-44 µg/dL	within 1 day to 1 week, venous or capillary	no	no	see ***Retest Chart*** below	YES	YES	YES	YES
45-69 µg/dL	within 24 hours, venous only	No, if home is lead-safe	YES	see ***Retest Chart*** below	YES	YES	YES	YES
70 µg/dL or higher	within 24 hours, venous only	YES **MEDICAL EMERGENCY**	YES	see ***Retest Chart*** below	YES	YES	YES	YES

THERE IS NO SAFE LEVEL OF LEAD IN THE BODY – DAMAGE CAUSED BY LEAD POISONING IS *PERMANENT* AND *IRREVERSIBLE*!

Explanation of Recommended Medical and Case Management Actions

(A) Chelation Therapy: if chelation therapy is indicated, the child should be immediately removed from the hazardous environment until the child's environment is made lead-safe; however, if the home is already lead-safe, the child may remain in the home unless hospitalization is indicated

(B) Referrals: contact local health department and/or ICLPPP to assist in case management and environmental investigations

(C) History and physical: take medical, environmental, and nutritional history; test for anemia and iron deficiency; assess neurological, psychosocial, and language development; screen all siblings under age 7; evaluate risk of other family members, especially pregnant women

(D) Lead poisoning education: discuss sources, effects of lead, and hazards associated with living in a pre-1978 and/or renovating a pre-1978 home, during prenatal care and well child care at 3, 6, and 12 months; explain what blood lead levels mean; contact ICLPPP for materials

(E) Reducing exposure and absorption: discuss damp cleaning to remove lead dust on surfaces; eliminating access to deteriorating lead paint surfaces, and ensuring regular meals which are low in fat and rich in calcium and iron; contact ICLPPP for materials

Retest Chart

Use this chart to determine when to retest children who are *confirmed as lead-poisoned.*
Venous testing is **strongly preferred**, but capillary testing is acceptable.

If the child's last confirmed BLL was…	and…	
	if the child's blood lead level HAS NOT DROPPED at least 3 µg/dl over a span of at least 3 months…	if the child's blood lead level HAS DROPPED at least 3 µg/dl over a span of at least 3 months…
	then test the child again in…	
0-14 µg/dL[1]	3 months	6 months
15-19 µg/dL[2]	2 months	3 months
20-24 µg/dL	1 month	2 months
25-44 µg/dL	2 weeks	1 month
45-69 µg/dL	1 month after chelation	1 month after chelation
≥70 µg/dL	1 month after chelation	1 month after chelation
Retesting should occur until the blood lead level is less than 10 µg/dL for six months, all lead hazards have been removed, housing is made lead-safe, and no new exposure exists.		

[1]A child with an elevated blood lead level will most likely not have his or her BLL reduced to zero; however, this retesting schedule should be followed regardless of the BLL to ensure the BLL is decreasing rather than remaining the same or increasing, which would indicate continued exposure.

[2]If the child's blood lead level persists at this level (2 blood lead tests 2 months apart), proceed according to the level of care for 20-24 µg/dL

Indiana Childhood Lead Poisoning Prevention Program
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